

HARFORD COUNTY DEPARTMENT OF PLANNING AND ZONING PUBLIC EVENT ROUTING FORM

Instructions:

- Application with site plan must be received at least 60 calendar days before an event.
- Please ensure that every field is completed prior to submitting.
- Late or incomplete applications will not be processed
- For questions contact the Department of Planning and Zoning at 410.638.3103.

		Section	I. F	vent Details
1.	Start Date:		2.	End Date:
3.	Start Time:		4.	End Time:
5.	Location:		6.	Zoning of Property:
7.	Title of Event:			
8.	Event Type (Please specify):			
 9.	Total Number of Participants Ex	xpected:		
				ges From Previous Year: □Yes □No □N/A
	Section II.	. Organiz	zer/	Applicant Information
1.	Name of Applicant/Organization	n:		
	Phone:			
	Title:			
				Cell:
	Se	ection III	[. T	raffic & Safety
1.	SHA Application Filed:	□Yes	ΠN	No If yes, date filed:
2.	Requesting Police Assistance:	□Yes		No Proposed Route Attached: □Yes □No
	Adequate Parking:	□Yes	□N	No If yes, location:

4.	Emergency Medical Services:		□Yes □No If yes, describe:			
5.	Security Provided: □Yes	s □No	If yes, please attach a detailed security plan to this form.			
			Section IV. Amenities			
1.	Food Services:	□Yes	□No If yes, type:			
2	Liquor License:	ПVes	□No If yes, type:			
2.	Elquoi Electise.		ate/Approved Control and Containment: □Yes □No □N/A			
2	Combling Davisage	_				
	Gambling Devices: Sanitary Facilities:		□No If yes, type:			
4.	•	□ 1 CS	□No Provided by:			
5	Type: Garbage Receptacles:	ПУас	No of Units: No If yes, provide number of units:			
	Private Water Supply:		□No If yes, provide details:			
	Temporary Structures:		□No If yes, type:			
/.	Temporary Structures.	LI I CS	into it yes, type.			
8.	Amplified Music: □Yes	□No	If yes, provide details:			
		Section	on V. Use of Public Roadway			
1.	Start Area:					
2	End Area:					
3.	No of Vehicles:					
4.	No of Pedestrians:					
Re	eviewing Stand: \(\square\) Yes \(\square\) 1	No If y	es, location:			
			Section VI.			
sta By ha	te and federal regulations a affixing my name on this	and will form, tl curred	the event sponsor will comply with all applicable local, adhere to the conditions imposed by state or local agencies. The applicant/sponsor agrees to hold the public agencies by them or to others associated with this event. A copy of fected is attached.			
Αι	thorized Representative:		Date:			